

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <div style="text-align: center; font-weight: bold;">10/593128</div>	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.							
1	1		1										
2		1		1									
3		2		1									
4		2		1									
5		①		1									
6		①		1									
7		①		1									
8		①		1									
9		①		1									
10		①		1									
11		①		1									
12		①		1									
13		①		1									
14		①		1									
15	1		1										
16		1		1									
17		1		1									
18		2		1									
19		2		1									
20		①		1									
21		1		1									
22		①											
23		①											
24		①											
25		①											
26		①											
27		①											
28		①											
29		①											
30		①											
31		①											
32		①											
33		①											
34		①											
35		①											
36		①											
37		①											
38		①											
39		①											
40		①											
41		①											
42		①											
43		①											
44		①											
45		①											
46		①											
47		①											
48		①											
49		①											
50		①											
TOTAL IND.	2	↓	2	↓	0	↓							
TOTAL DEP.	52	←	19	←	0	←							
TOTAL CLAIMS	54		21		0								

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		①				
52		①				
53		①				
54		①				
55		①				
56	1					
57	1					
58	1					
59		1				
60		1				
61	1					
62		1				
63		1				
64		1				
65		1				
66	1					
67		1				
68		1				
69		1				
70		4				
71		4				
72	1					
73	1					
74		2				
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	7	↓	0	↓	0	↓
TOTAL DEP.	24	←	0	←	0	←
TOTAL CLAIMS	31		0		0	